

# BARNES HOSPITAL BULLETIN

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BARNES MEDICAL CENTER, ST. LOUIS, MO.

JUNE, 1968

## Mrs. Hendricks, Social Worker, Dies at Barnes

Mrs. Mildred Hamlin Hendricks, 41, a social worker in the Irene Johnson Rehabilitation Institute, died April 30 after a month's hospitalization at Barnes.

Mrs. Hendricks became a member of the social service department in 1960 assigned to surgery service. She was a part-time employee during the 1961-62 school year as she completed her work for her master's degree from the George Warren Brown School of Social Work at Washington University. From March, 1963, until her death she was on the staff of the rehabilitation institute.

Mrs. Hendricks lived at 3014 Clearview Bell with her husband Harris, and two children, Gail and Scott. Also surviving are her father, Dr. Fred Hamlin of Hollins, Virginia, and her brother, Fred Hamlin Jr.

A memorial fund for Mrs. Hendricks has been established by Dr. Hugh Chaplain. Contributions may be made in the form of a personal check made out to Washington University with a note specifying the Mildred Hamlin Hendricks Memorial Fund and mailed to Dr. Chaplain in the rehabilitation institute.

## Employee Handbook Is Available In Personnel Office

The newly revised employee handbook is now available in the personnel office on the first floor of Barnes Hospital. It contains all the up-to-date personnel policies, and all employees are encouraged to pick up a copy at the office, especially new employees who may not have received a copy of the former booklet. Department heads may order handbooks for each employee in their area if they wish.

The new handbook contains an indexed table of contents, for quick reference. It was designed with a slim-line look, to fit easily into a coat pocket.

In addition to general up-dating, the sections on "Holidays" and "Tax Sheltered Annuities" carry changes different from the May 1966 Edition. Employees having older copies should review the entire booklet.

## 16 Employees Honored for Service Records



WIDE SMILES were displayed by honorees at the annual Employee Award luncheon May 9, held in Queeny Tower. Above, left to right, are, seated: Miss Julia Overbeck, Mrs. Madeline James, Mrs. "Becky" Beckwith, Mrs. Opal Kemper, Miss Ruby Bailey, Mrs. Minnie Ford. Standing: Mrs. Alice Marshall, Miss Leva McCollum, Clyde F. Turnbough, Mrs. Ruth L. Berg, James Watley, Mrs. Virginia Leutzinger, Lorial Penn, and Mrs. Katie Nicholson. Mrs. Beckwith and Mrs. Kemper each received watches in honor of 40 years of service. Other employees honored received pins.

### Plan for Leisure Time

## Two 25-Year Employees Retire



WHEN MRS. KATIE NICHOLSON was asked her retirement plans by Don Horsh, associate director of hospital services, her immediate reply was "take a long, long rest." Mrs. Nicholson started working at Barnes in 1942 and retired May 18 of this year. She has always worked in the housekeeping department as a maid on various assignments. Her immediate retirement plans include a trip to LaGrange, Texas, to visit her sister, after which she will return to St. Louis.



MISS JULIA OVERBECK, recently retired supervisor in credit and collection, shows her Barnes certificate to Robert McAuliffe (right), controller, and John Keppel, manager of patient accounts. In a note to her co-workers Miss Overbeck thanked everyone for the gifts, good wishes and party held in her honor. Her plans include "staying around the house and doing some reading and sewing." She's also considering doing some volunteer work after taking a well-deserved rest.

## 25-40 Years Service Honored at Banquet

A total of 458 years of service to Barnes Hospital was represented in the records of 16 employees honored at an awards dinner May 11 in the Queeny Tower dining room.

Mrs. Bertha Beckwith, 416 S. Kingshighway, assistant director of the nursing school residence, and Mrs. Opal Kemper, 4212 McRee, assistant admitting officer, were presented with watches in appreciation of 40 years of service to the hospital.

Mrs. Alice Marshall, 228 Woodbine, Kirkwood, administrative secretary, Mrs. Florence Mueller, 1035 Chartres, University City, director of pharmacy service, and Mrs. Madeline James, 1621 Hodiamont, senior nurse assistant, were given pins in appreciation of 30 years as Barnes employees.

Honored for 25 years of service were Miss Ruby Baily, 4907 W. Pine, head nurse; Mrs. Ruth L. Berg, 3652 Winnebago, staff nurse; Mrs. Katie Nicholson, 3945 Washington Ave, maid; Mrs. Minnie Ford, 533 Clara, housekeeping supervisor; Mrs. Virginia Leutzinger, 3329 Pennsylvania, head cook; Miss Leva McCollum, 4969 Plover, patient care consultant.





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### Awards Banquet (Cont.)

Also, Mrs. Julia E. Overbeck, 5925 Nagel, credit supervisor; Lorial Penn, 4910 Fountain, housekeeping; Clyde F. Turnbough, 4135 Loughborough, maintenance; James Watley, 1446 Castle Lane, laundry group leader; and Miss Ella L. Wright, 2914 Howard, dietary aide.

Robert L. Berra, assistant director of personnel for Monsanto Company, gave a talk following the dinner. "There is no age at which a person should stop growing," he said. "The world seems to be coming apart at the seams. It's easier to withdraw. But we cannot abdicate, we should participate. Be a professional. My definition of a professional is a person who does the right thing even though no one is watching. He has his own personal set of standards."

Awards were presented by Associate Director Donald J. Horsh. The Rev. George Bowles, chaplain, gave each of the honorees a Methodist Service Award certificate. Chaplain Bowles also gave the invocation with the Rev. Robert Krawinkel, Catholic Chaplain, offering the benediction.

## Physician Status Changes Effectuated

Changes in status for the following physicians have been announced by Robert E. Frank, hospital director. New additions to the attending staff roster are Dr. Arnold Goldman, assistant physician as of May 1 with offices at 8631 Delmar Blvd.; Dr. M. Bryant Thompson, assistant obstetrician-gynecologist effective July 1, with offices at 52 Maryland Plaza, and Dr. Gordon Philpott, assistant surgeon, whose appointment will now terminate June 30.

On military leave of absence as of April 1 is Dr. Edward Cotlier, assistant ophthalmologist.

A change in address should be noted for Dr. Norman Muschany to 52 Maryland Plaza.

Reported to be off staff as of May 31, 1967, is Dr. J. J. Combs, Jr., assistant physician.



### Chaplain's Corner

By Chaplain George A. Bowles

One of the most active parts of our human thinking process is our MEMORY. As essential as it is, there are times when some people wish they didn't have it. They try various and disastrous ways to blot it out for periods of comfort and convenience, only to find later that it is still with them. Others realize the memory is a treasure chest in which so many valuable bits of learning and experience can be stored, and later used.

What we think of memory is a very personal thing, and we have all of the freedom that exists to mold it into the kind we want to live with. It can serve as a helpful collecting agency for all of the knowledge and wisdom we have ever acquired, and without it we would be without the important tool that we need to discharge our responsibilities.

Memory is one of those elements of life, like most others of a worthy nature, that requires a reasonable amount of cultivation. The possession of a good one means that the person had developed the simple art of paying attention, the willingness to be alert in the doing of the job that has been assigned to him. The person who does not give such cultivation will find himself lonely in all tasks of life, and the joys also.

Human progress depends very largely upon the knowledge that has been passed on from one generation to another. We draw from the valuable storehouse of memory every day.

### Barnes Trustee Cited



Raymond E. Rowland

MEMBER OF BARNES BOARD OF TRUSTEES Raymond E. Rowland, recently retired chairman of the board of Ralston-Purina, was honored in Washington, D. C., by the National 4-H Club Foundation. At the closing conference luncheon Mr. Rowland was presented with a Partner-in-4-H Citation for his work as chairman of the organizing committee for expansion of the national 4-H center.

## Wishing Well Shop Staffed By Barnes Women's Auxiliary



BARNES HOSPITAL AUXILIARY VOLUNTEERS look over some of the new enamel cookware on sale in the Wishing Well on the first floor of Barnes. As of May 1, the auxiliary assumed total responsibility for the gift shop under the chairmanship of Mrs. Deane Allen, center, and her vice-chairmen, Mrs. Helen Schlueter, left, and Mrs. Elaine Wenneker, right.

## Betty Woods Named May Messenger

### Dispatch Worker Also Wife, Mother

Escort messenger of the month Betty Woods is a 22-year old wife, mother, and Barnes employee with an understandably full schedule. She leaves her home at 4227 McCasland in East St. Louis at 5:30 each morning to be at her job in Dispatch by 6:45 a.m. Betty is a messenger and also works at the telephone desk taking some of the 2000 messages received each day in the department.

At five in the evening Betty picks up Darron Keith, her 1½-year old son, bathes and feeds him, fixes dinner for herself and her husband, makes their lunches for the next day, takes her son outdoors to play, watches a little television, and goes to bed early so she can get up at 5:30 the next day.

When questioned about hobbies and outside interests, Betty said her husband, Chester, and Darron take up most of her time. But Betty and Chester do sneak in an occasional movie and they like to go to the racetrack. "I'm a poor loser," Betty admitted, "so I rarely place a bet." She also likes to sew, a skill she learned at Lincoln High School.

Weekends are spent house cleaning on Saturday and visiting with relatives after church on Sunday. All the Woods are jazz fans, Chester likes basketball, although Betty prefers the baseball Cardinals.

Although she joined Barnes only five months ago, Betty Woods is not a newcomer to hospital work. Before coming here she was a nursing aide in a Belleville geriatric home and during high school she did volunteer work for the Red Cross at St. Mary's Hospital in East St. Louis.



ENJOYING HER LUNCH in the grassy park across the street from Barnes is dispatch messenger Mrs. Betty Woods. Betty is a day messenger working from 7 a.m. to 3:30 p.m. She commutes to and from her home in East St. Louis, Ill.



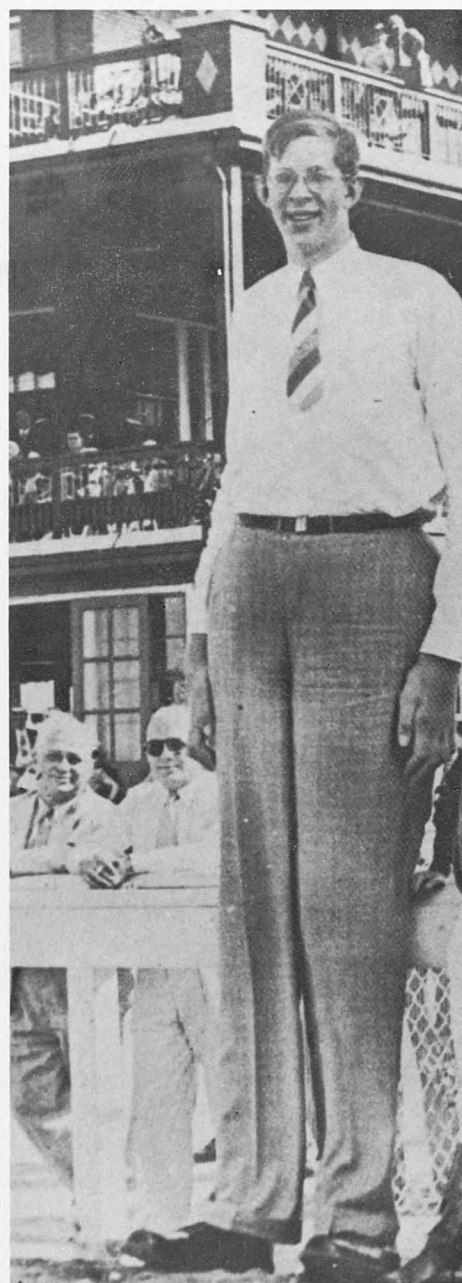
# Malfunction of Pituitary Gland Produces Giants and Dwarfs

## **Injections Of** **Growth Hormone** **Can Cure Defects**

The pituitary—a small gland the size of a large bean, located deep in the brain directly between the eyes—secretes hormones which bring about many striking body changes. One of its most obvious functions is the secretion of the growth hormone. A lack of enough growth hormone—or too much—can cause dwarfism, gigantism, or a disfiguring disease of adults called acromegaly.

The Alton giant, Robert Wadlow, was one of the most well-known victims of an over-supply of the growth hormone. Mr. Wadlow, who weighed only nine pounds at birth, weighed 30 pounds by six months. At one year he had reached a weight of 62 pounds. Shortly before his death from a foot infection at age 22, he was 8 feet, 11 inches in height and weighed 475 pounds.

"If Robert Wadlow had lived today we would have been able to slow his growth by treatment of his pituitary



THE "ALTON GIANT" ROBERT WADLOW grew to an adult height of 8'11" before he died at age 22. The product of a pituitary growth hormone excess he weighed 9 pounds at birth, 62 pounds by age one. When he died as a result of cellulitis of the feet his weight was 475 pounds.

gland," said Dr. William Daughaday, Barnes physician and director of the division of metabolism at Washington University. Dr. Daughaday first worked on the growth hormone when he was associated with Nobel prize winners Drs. Carl and Gerti Cori. In 1959, he was one of the first investigators in the country who directed clinical tests on human patients.

### Brain Real Culprit

Recently, Dr. Daughaday and his associates have been conducting research which seems to indicate that the pituitary may be only an innocent accessory to some of its malfunctions—that the real culprit, the cause of hypersecretion of the growth hormone, is the hypothalamus area of the brain.

Robert Wadlow was a regular patient at Barnes Hospital from the time he was 12 years old until his death. His father brought him to the hospital in 1930, not because he was ill but because he wanted him examined. During the examination a photographer was called in to take pictures. Robert astonished the 150 pound photographer by picking him up and carrying him about. He had attained a height of six feet before he was nine years old.

Doctors at Barnes who examined Robert included L. H. Behrens, and D. P. Barr, who first wrote of the boy in medical journals in 1932; C. M. Charles and C. M. MacBryde afforded medical care as the boy grew up.

In writing of Wadlow, MacBryde said, "He did well in high school and was fairly active, playing basketball, etc. He spent a year or so at Shurtleff College at Alton, studying law. His parents were not in favor of any operative or x-ray interference with the pituitary so our treatment throughout all these years was entirely supportive in nature."

### Walked With Canes

"The joints of his feet began to break down and he developed severe bilateral pes planus (flatfootedness). This interfered with locomotion so that for the last year or two of his life he walked with one or two canes. Up to that time he had been able to get about quite normally . . . We felt that previous giants had not had enough attention paid to their nutrition . . . We gave him several times the average daily allowances of all the known vitamins and of calcium and phosphorus . . . with the improved nutrition, as a result of these vitamins and mineral supplements, health was generally good during the last few years of his life. Death occurred when he was away from St. Louis, apparently as a result of a severe infection."

Gigantism is a very rare manifestation of an excess of the growth hormone. Far more common is acromegaly, or disproportionate growth. This type of oversecretion of the pituitary gland's growth hormone produces swelling of body tissue and bone growth especially in the face and hands and feet. "The



STANDING 35½-INCHES tall in her stocking feet, five-year old Susan Stinnett of Ft. Wayne, Indiana, has just been measured against the wall chart by Dr. William H. Daughaday. Susan suffers from a deficiency of the growth hormone secreted from the pituitary gland, which would result in dwarfism if the condition were unattended. However, Susan is now taking human growth hormones three times a week which will supplement her growth deficiency and help her to attain a more normal adult size. The average height range for a normal five-year old girl is between 41-46 inches.

patient who has acromegaly usually changes so gradually that neither the family nor friends recognize the transformation until it is well advanced," said Dr. Daughaday. "The person may go ten years without realizing he has the disease, and it's important to recognize it early."

### Cryosurgery Used

Treatment of acromegaly at Barnes may involve cryosurgery, or use of the freezing probe, to destroy all, or part of the pituitary gland. An example of the effectiveness of this treatment is the case of a 30 year old housewife, we will call Mrs. Scott, who was seen by Dr. Daughaday and his staff when she noticed that her ring and shoe sizes were increasing steadily. "By means of a blood test, it is now possible to determine whether the patient is suffering from an excess of the growth hormone," said Dr. Daughaday. "In this case, the woman had a pituitary tumor which was oversecreting hormones."

The neurosurgical procedure used to incapacitate Mrs. Scott's tumorous pituitary gland was done by Dr. William Coxe while she was under a local anesthetic. The probe, cooled with liquid nitrogen, was inserted through her nasal passages and the surgeon located the exact spot to touch the gland by means of complicated x-ray equipment.

The change in Mrs. Scott was almost immediately apparent. The swelling of her hands and feet and face diminished. She avoided the "lantern jaw" appearance and coarse features of persons who have acromegaly for many years.

"We've been doing some interesting research recently with persons with growth hormone problems," said Dr. Daughaday. "We have stimulated the

hypothalamus with a substance called arginine. In certain patients with acromegaly we find a much greater than normal secretion of the growth hormone. "This is what leads us to believe that pituitary problems may begin in the brain. In other words, the pituitary gland is only responding to incorrect signals beginning in the hypothalamus."

### Pituitary Dwarfs

The other side of the coin is the failure of the pituitary to produce enough growth hormone, resulting in "pituitary dwarfs." Children who are diagnosed as having an insufficient growth hormone production can be given injections of the material collected from human pituitary glands at autopsy. A number of children and teenagers who would otherwise be dwarfs similar to General Tom Thumb, who was three feet two inches tall at maturity, have benefited from the growth hormones.

"In the cases of some of the children the results have been very dramatic," said Dr. Daughaday. The children are studied in an eight-bed pediatrics unit at Children's Hospital, or in the 25-bed adult floor on the fourth and fifth floors of Barnard. Whenever possible, they are seen on an outpatient basis.

The parents of five-year old Susan Stinnett, a new patient of Dr. Daughaday's, have been given hope their daughter will grow to normal size with hormone injections administered three times a week. Susan was an average baby 19 inches long at birth but five years later she has only grown to 35½ inches, 7 inches shorter than her playmates. Her current weight is 27¼ pounds, however it is anticipated she will double her current growth rate.





Jessie Ternberg, surgeon

## *The doctor is a lady*

"Is he a good man?" a patient asked the nurse of his referral physician whom he'd never met. "Well, she's a competent lady!" was the reply to the typical assumption that all doctors are male. This is certainly not the case at Barnes where a number of women practice the heretofore manly art of medicine alongside their male counterparts.

Since 1921 when Faye Cashatt Lewis received the first M.D. degree awarded a woman at Washington University, increasing numbers of women doctors are being seen around Barnes. In the decade 1921-1930, 25 women doctors were graduated from Washington University and the figure has increased steadily ever since with a total of 72 women M.D. graduates predicted for 1961-70.

This may seem like a small number to some; however, the total number of women applicants is small compared to men. Using the Washington University Medical School as an example, 200 women applied for the 94 places in the class of 1972 along with 2100 men. Out of the total, 15 women were accepted. This is in excess of the current female ratio in the medical school which is almost 10 per cent. Nine percent is the national average of women medical school students, according to Dr. John C. Herweg, chairman of the admissions committee at Washington University's Medical School.

Aside from the Air Force recruitment brochures, Christmas present neckties, and constant "Oh-you're-a-woman" remarks from surprised patients, how are the women doctors treated? What problems arise because of their female minority?

Dr. Jessie L. Ternberg, the first woman surgical resident at Barnes and later the first female member of the surgical staff, recalled some humorous incidents resulting from both her femaleness and her easily misinterpreted first name. As a resident she was assigned to an all-male dorm complete with a very masculine roommate. (She ended up in the nurses' residence). Later, when she was to have her picture taken upon completing her residency, she went to the assigned photographer only to learn his business was limited to men.

"I understand there was some table pounding by several men on the faculty for whom I have great respect when I returned here to begin my residency," Dr. Ternberg commented. "However I don't really feel like a crusader. The fact that I'm a woman doesn't matter to most patients and I don't think about it very much. It's something that won't change so I have never seen much point in getting overexcited with the idea."

Dr. Susan Howsden, the only female intern in internal medicine at Barnes, graduated from Stanford Medical School where she was one of eight girls in a class of 60 students. "It's a drawback that I look so young for my job," Dr. Howsden said. "Patients accept my femaleness once they realize I really am a doctor, and male patients are less uneasy when they see my wedding ring and learn I'm married," she reported.

Another young doctor, pathology resident Landy Weiss, put it this way: "Discrimination is based on ignorance and no one here can remain ignorant of women doctors because of the numerous female students and women doctors on the house staff."

Dr. Margaret Gildea, psychiatrist, was one of two women in her medical school class at Yale. She reported no problems with being in the minority as a psychiatrist, although she said the faculty considered surgery to be an all-male field. Dr. Margaret Chieffi, physician specializing in allergies, feels there is much more discrimination against women surgeons and medical academicians both here and in her home of New Zealand than she experienced as a surgical resident in Italy.

Academic appointments were mentioned by several women doctors as an area in which women are still on the outside looking in. One doctor, an associate in the academic world, believes any negative view toward women may be based on the amount of time she must devote to a university appointment—time she must take from her family in most cases. On the other hand, an unmarried woman doctor with time to accept the academic responsibilities, said she left the teaching field solely because of the lack of advancement possibilities open to her sex.

Do women doctors feel their femininity is an asset in their work? Dr. Grace Bergner, the only woman certified in internal medicine in St. Louis, feels women usually have more patience, which is especially valuable in dealing with elderly people. Others mentioned compassion and warmth as being particularly valuable in pediatric work. Dr. Gildea said that "being a woman is a definite asset in psychiatry." There are few women psychiatrists which is advantageous; also I've found that people can talk more easily to a woman. They tend to say things they might never bring out in consultation with a man. I find this true with both men and women, but naturally it is more prevalent with the latter," explained the woman psychiatrist.

Reaction to female doctors seems to come from the general public more often than from patients or male doctors, a survey indicated. Dr. Bergner laughingly reports the greatest instance of discrimination she experiences is in parking in the doctor's lot. "A new attendant refuses to believe I'm a doctor because I'm a woman." Dr. Margaret Chieffi said her patients and associates know she is a woman when they come to her professionally and accept the fact. "However, when meeting people socially and they learn I'm a physician in the course of the conversation, they immediately think something's rather odd." Dr. Chieffi has found that a man won't pick a woman's name out of the phone book when looking for a doctor, although he will go to her on referral of another doctor. "The general public still seem to assume all doctors are male," Dr. Chieffi stated.

Which specialty fields do women doctors seem to prefer? "I want to be more than just a doctor," intern Susan Howsden explained, "I also eventually want a family and time to do other things I like, such as cook and entertain." With this in mind, Dr. Howsden has chosen to specialize in radiology where she can standardize her working hours and be home in the evenings. She also mentioned that any patient reaction to her femininity will be minimal as her work will be confined to patients' films rather than their faces. She feels radiology isn't terribly strenuous physically, although she's had no trouble keeping up with the 36-hour shift of an intern's schedule.



Dr. Landy Weiss prefers pathology research with the eventual goal of combining it with teaching. "As a female I did rule out surgery," she said. "At first the field seemed very rewarding and exciting but the arduous schedule and the physical strain of standing on your feet for 12-hours a day deterred me. The shorter hours and more private life available in a research position are attractive; however, I didn't choose it solely for that reason (as is evident by the fact that in addition to an 8-hour day Monday through Friday in the lab, Dr. Weiss works 2 or 3 nights per week and one day each week-end.)

Pediatrics, internal medicine and surgery were considered to be the hardest specialties for a woman, but doctors involved in them are quick to point to other jobs as being harder. Internist Dr. Bergner said she couldn't understand why more women weren't in her field. She finds it exciting and rewarding for a man or woman, though she admits the training is rigorous. When asked about the physical strain of surgery, Dr. Ternberg noted: "I believe women have more physical stamina than men. Look at the woman in the reception room with a heavy child in one arm and a diaper bag full of equipment in the other. Her job is equally strenuous to standing on your feet in surgery. And the scrub nurses do it every day," she added.

Dr. Lisa Cibis, practicing orthoptist and mother of a doctor daughter and medical school student son, believes one must be absorbed in whatever she does." You ask a doctor how she has time to raise a family and do her job, etc.; the same question applies to a nurse or a secretary. If you pick a specialty that doesn't demand 24-hour day concentration, it isn't hard after the training period," Dr. Cibis reported.

How do husbands of female doctors react? Do they understand their wives' dedication? All the married women interviewed had M.D. husbands with the exception of Dr. Chieffi, whose father-in-law was a doctor. "Having an understanding husband helps," said Dr. Howsden whose spouse is also an intern. "Your house doesn't get as clean as it might," she added, "but you must establish priorities."

Dr. Bergner, wife of urologist Morris Abrams, reported she and her husband don't cross paths medically because of their different specialties. "We're even on different telephone exchanges," she explained. "Our home is in an isolated wooded area that lets us get away from the pressures of our work, yet we're only 20 minutes from the hospital."

Why are more women going into medicine? Where do they find encouragement? Dr. John Herweg says school counselors are doing a better job in encouraging potential female doctors. And parents no longer try to discourage their girls from entering medicine.

(Continued on Page 8)



Landy Weiss, resident

Grace Bergner, internist



Susan Howsden, intern



"In the hospital I'm mistaken for a nurse; over the phone it's a secretary"





## Focus on Nursing

### Former Barnes Nurse Receives Bronze Star For Work in Vietnam

Julia E. Decker, head nurse in Barnes operating room in 1950, received the Bronze Star for her work in connection with ground operations against hostile forces in Vietnam from January 1967 to 1968. Miss Decker is a lieutenant colonel in the United States Army stationed at the Martin Army Hospital in Ft. Benning, Georgia. She is currently serving as assistant chief nurse at Martin Hospital there. Colonel Decker entered the Army Nurse Corps in 1951 and received training at Ft. Sam Houston, Texas.

A 1941 graduate of Webster Groves high school, she received her bachelor of science degree in nursing in 1948 from Washington University, joining Barnes staff the same year.



RECEIVING THE BRONZE STAR is Lieutenant Colonel Julie E. Decker, former head nurse in the operating room at Barnes. Presenting the award is Lieutenant Colonel O. E. Bridgeford, Hospital at Ft. Benning, Georgia, where Col. Decker is assistant chief nurse.

### Darden Named Advisor

Mrs. Arnetta Darden has rejoined the nursing staff as nursing care advisor for ear, nose and throat as of May 27. Previously head nurse on 4 McMillan, Mrs. Darden left Barnes to work on her master's degree in medical surgical nursing at Washington University, which she will complete in January, 1969.

### Nursing Promotions

Miss Alice Stites has been promoted from Staff Nurse to Assistant Head Nurse on the eleventh floor of Queeny Tower.

Miss Ann Wiske has been promoted from Staff Nurse to Assistant Head Nurse on the second floor of Rand Johnson.

Miss Mary Ann Harris has been promoted from Staff Nurse to Assistant Head Nurse on the fourth floor of McMillan.

### Cardiac Nursing Is Topic of Symposia

By Marilyn Schneider, Head Nurse  
Cardiac Care Unit

A series of symposia entitled Cardiac Nursing is being presented throughout the nation this spring by the American College of Cardiology and Cedars-Sinai Medical Center Department of Nursing.

Some of the topics discussed at the symposia include problems encountered in the cardiac care unit, the necessity of continuing education, and the role of the professional nurse as a clinical specialist.

Three cardiac care unit nurses and a patient care consultant from Barnes attended the meeting in Kansas City on March 22 and that same number attended in Chicago on March 23.

Patient care consultants who attended were: Miss Joyce Brueggeman and Miss Leva McCollum. Cardiac care unit nurses present were: Marilyn Schneider, Jean Jeffers, Norris Brown, Ellen Georges, Dorothy Bewie and Margaret Newton.

### Neurosurgical Nurses Form New Association; Barbara Therrien, Pres.

Miss Barbara Therrien, neurosurgery instructor at the Barnes Hospital School of Nursing, has been elected president of the newly-formed American Association of Neurosurgical Nurses. The organization was formed April 9 in conjunction with the American Association of Neurological Surgeons meeting in Chicago.

The purposes of the new association are to foster and promote interest, education and high standards of practice in the specialized field of neurological nursing. It is organized to include active members from throughout the United States and Canada. The group will meet annually at the same time as the neurological surgeons convention.

Out of the one hundred neurological nurses attending the initial meeting, seven were from Barnes staff. The next meeting will be held April 13-17, 1969, in Cleveland, Ohio.

Plans for organizing a neurosurgical nurses group have been in progress for over a year prior to its founding. Committee members from Barnes included Dr. William Cox and Barbara Therrien. Dr. Henry Schwartz, former president of the Neurological Surgeons, was an ex-officio member of the committee.

## Course For Expectant Parents Is "First" For Maternity Hospital



MRS. DORINDA HARMON, head nurse on fourth floor Maternity Hospital at Barnes which includes all the labor and delivery rooms, is shown with an illustrated chart of fetal positions. The chart is one of the teaching aids Mrs. Harmon will use in her prenatal course, the first of its kind to be held for expectant parents at Maternity. The course began May 17 and will continue for seven weeks.

### Prenatal Instruction In Weekly Lectures

A seven-week course for expectant parents has been initiated in Maternity Hospital at Barnes under the direction of Mrs. Dorinda Harmon, head nurse of the fourth floor in Maternity Hospital, and Mrs. Ann Rutledge of the National Childbirth Trust.

At the first meeting May 18 in Schwarz Auditorium the format of the classes was described followed by an explanation of average obstetrical hospital costs and the layout of the maternity floors. A film showing an actual birth was viewed.

The six working sessions, each 2½-hours long, cover breathing and limbering up exercises for the mother in preparation for childbirth, and explanations of the procedures involved when

the child is born. Although the exercises will prepare the expectant mother for a natural delivery, psychoprophylaxis is not emphasized in the course, according to Mrs. Harmon. The use of a local anesthetic is recommended though each case will, of course, differ.

Applicants to the class must have the approval of their doctor on staff in Maternity and the woman must be in at least the 6½-month of her pregnancy. The fee is \$25 per couple. Having attended every session of the course and with the doctor's permission, husbands may dress and enter the labor and/or delivery room while his child is being born.

The prenatal course will become a continuous program at Maternity and new classes will begin every 8 weeks on a regular basis. Up to this time Barnes had had no orientation or teaching program for expectant parents.

### Team Nursing

### New Patient Care Concept Is In Use Here

The concept of total patient care realized with team nursing is now in its fourth month of operation throughout McMillan Hospital at Barnes. Although full utilization of the plan reportedly takes a number of years to successfully integrate, the McMillan staff is pleased with results made thus far.

The team concept stresses full nursing responsibility to each patient by individual staff members as opposed to the functional system which emphasizes departmentalization of duties with many employees handling the needs of each patient. The team program was introduced once before in McMillan on a smaller scale, however the course of action taken in February, 1968, includes all nursing personnel of that building.

During the reorientation period two

weeks of classes for both team leaders and team members were conducted by staff development instructors. Emphasis in the course was placed on effective utilization of the nursing care assignments, and the development of teaching and learning skills necessary to conduct good conferences among members of the team. Upon completion of the classes subsequent visits by the instructors have been made to each nursing station and individual suggestions and procedural changes are effected.

The McMillan teams feel they are making the program a success and there has been reported improvement in the quality of patient care. The eventual goal of the McMillan program is to become an exemplary model of team nursing to which other nursing areas can beneficially pattern their patient care.





## Doctor's Notes

**HENRY SCHWARTZ**, neurosurgeon - in-chief, has been elected chairman of the American Board of Neurological Surgery. He is past president of the American Association of Neurological Surgeons and current president of the Society of Neurological Surgery.

**H. RELTON MCCAROLL**, orthopedic surgeon, gave the 10th Packard Memorial Lecture at the University of Colorado School of Medicine May 2-4. His subject was "Congenital Dysplasia and Dislocation of the Hip in Infancy and Childhood."

**HARVEY R. BUTCHER**, associate surgeon, was a speaker at the Southwestern Surgical Congress held recently in Denver. The subjects of his talks to the 300 attending physicians were "Assessment of Methods of Treatment of Arterial Occlusive Diseases" and "Colonic Diverticulitis."

Barnes doctors newly elected officers in the Gynecology Society are: **SEYMOUR MONAT**, president; **HELMAN WASSERMAN**, vice-president; **WILLIAM SMILEY**, secretary; **SETH WISSNER**, treasurer.

**GUNNAR OFTEDAL**, neurology resident, has received a one-year clinical fellowship in pediatric neurology from the United Cerebral Palsy Research and Educational Foundation beginning July 1. He will continue his training under the direction of Philip R. Dodge, pediatrician-in-chief.

**JOHN A. PIERCE**, chief of the cardiopulmonary division, spoke at the annual meeting of the Tuberculosis and Health Society of St. Louis last month on "Emphysema, a Major Health Problem" at the Gateway Hotel Ballroom.

**ARNOLD M. GOLDMAN**, internal medicine, was awarded a Bronze Star for meritorious service in Vietnam. He has recently been discharged from the Army.

**MINOT FRYER**, associate surgeon, has been elected a member of the American Surgical Association.

**OSCAR HAMPTON**, assistant surgeon, spoke on "Observation on Care of the Wounded in Vietnam" at the Clark County Medical Society's April meeting in Springfield, Ohio.

**GEORGE E. MURPHY**, assistant psychiatrist, spoke on the prevention of suicide at a "Crisis Hits the Family" symposium at the 19th annual meeting of the Marion, Ohio, County Association for Mental Health May 1 at the Marott Hotel.

**BERNARD BECKER**, ophthalmologist - in-chief, was honored at a dinner held at the Chase-Park Plaza Hotel May 4 during the contact lens symposium sponsored by the National Eye Research Foundation. Dr. Becker was cited for his extensive research on glaucoma.

## New Professorship Named for Graham

An Evarts A. Graham visiting professorship in surgery will be established by the Harry Freund Memorial Foundation at the suggestion of Dr. J. G. Probst, who has recently completed 15 years as medical consultant to the Freund Foundation. The foundation wished to honor Dr. Probst for his service, however he suggested the tribute to Dr. Graham instead.

Dr. Owen H. Wangenstein, professor emeritus of surgery, University of Minnesota School of Medicine, will be the first Evarts A. Graham visiting professor. Dr. Wangenstein, a longtime admirer of Dr. Graham, is considered to be one of the world leaders in the field of gastrointestinal surgery according to Walter F. Ballinger, surgeon-in-chief. Dr. Wangenstein will deliver a series of lectures here June 10 and 11.

## Radiology Lectures

### Dr. Hugh M. Wilson Honored at Program

A scientific program in honor of Hugh Monroe Wilson, M.D., emeritus professor of radiology, was held Monday, May 20 by the Edward Mallinckrodt Institute of Radiology and the Greater St. Louis Society of Radiologists.



Hugh Wilson

Six visiting radiologists spoke in half-hour lecture periods on "Biological Application of Neutron Radiography", "Neuromuscular Dysfunction of the Pharynx and Esophagus", "Borderlines of Ulcerative and Granulomatous Colitis", "Heart Disease and the Computer", "Some Aspects of Urinary Tract Radiology" and "Lesser Known Lesions of the Spine." The fourth Sherwood Moore Lecture was given in the evening by William B. Seaman, M.D. on "Anatomic Physiologic Considerations in Diseases of the Gastric Antrum" during a dinner meeting held in honor of Dr. Wilson at the Chase-Park Plaza Hotel.

## Dr. Dick Engaged

The engagement of Dr. Earl Philip Dick, resident in psychiatry, to Susan Rodgers Taylor of Scarsdale, N. Y., has been announced by the parents of the bride-to-be. Dr. Dick is a graduate of Bayless High School, Central College and Baylor University School of Medicine. Miss Taylor, a graduate of Washington University, is currently associated with the St. Louis County Child Welfare Services. The wedding will take place in July.

## Plans Life in Country

### Former Nursing Consultant Josephine Hackett Retires

Mrs. Josephine Hackett, former Barnes director of nursing service, retired May 1 from her position as nursing consultant, a part-time job she has held since she resigned as nursing director last July.



Jo Hackett

A former director of nursing service at St. Louis University Hospitals, Mrs. Hackett came to Barnes on a part-time basis in 1964, and assumed the position as director of nursing in May, 1965.

A farm of 203 wooded acres southwest of Rolla, Mo., will claim much of Mrs. Hackett's time. She and her hus-

band, Ray, recently purchased this land which includes a section of the Piney River. "We want to maintain it as a natural forest preserve," Mrs. Hackett said. "We plan to build a permanent home on the property and probably a lake too."

Her hobby of flower arranging is another interest Mrs. Hackett intends to develop now that she has retired. She has already entered a flower arrangement contest. And, because she wants to keep her hand in nursing, she accepted an appointment as consultant for the National League for Nursing. Mrs. Hackett is one of two directors of nursing in the Midwest who were asked to participate in this new service of the NLN.

## Nurses Here Attend Cushing Meeting

Four nurses from the medical center attended the Harvey Cushing Society Convention held April 7-11 in Chicago.

Some of the topics included in the general sessions were: "Campotomy in Myoclonia," "Simplified Selective Femorocerebral Angiography" and "Percutaneous Cervical Cordotomy and Pulmonary Function."

Barnes nurses attending the convention were: Miss Ruth Branham, head nurse in the operating room; Miss Roseanne Dandurand, head nurse on third floor Wohl in the intensive care unit; and Miss Patricia Ensley, nursing care advisor.

## LPN'S Ideas Used

Mrs. Charlene Holliday, licensed practical nurse and a psychiatric technician on the sixth floor of Renard, recently contributed several nursing ideas which have been incorporated into the working routine of the division.

At the suggestion of Mrs. Holliday, a visitors' list has been posted at the sixth floor door as a checklist for employees before admitting guests to the floor. This has helped to eliminate much confusion for both patients and potential visitors.

Also, a new FPN universal urine test has been developed to determine if patients are taking their medications. Mrs. Holliday devised a form for recording the results of this test and the form has been added to the patient's chart.

## Management Seminar Held May 10-11

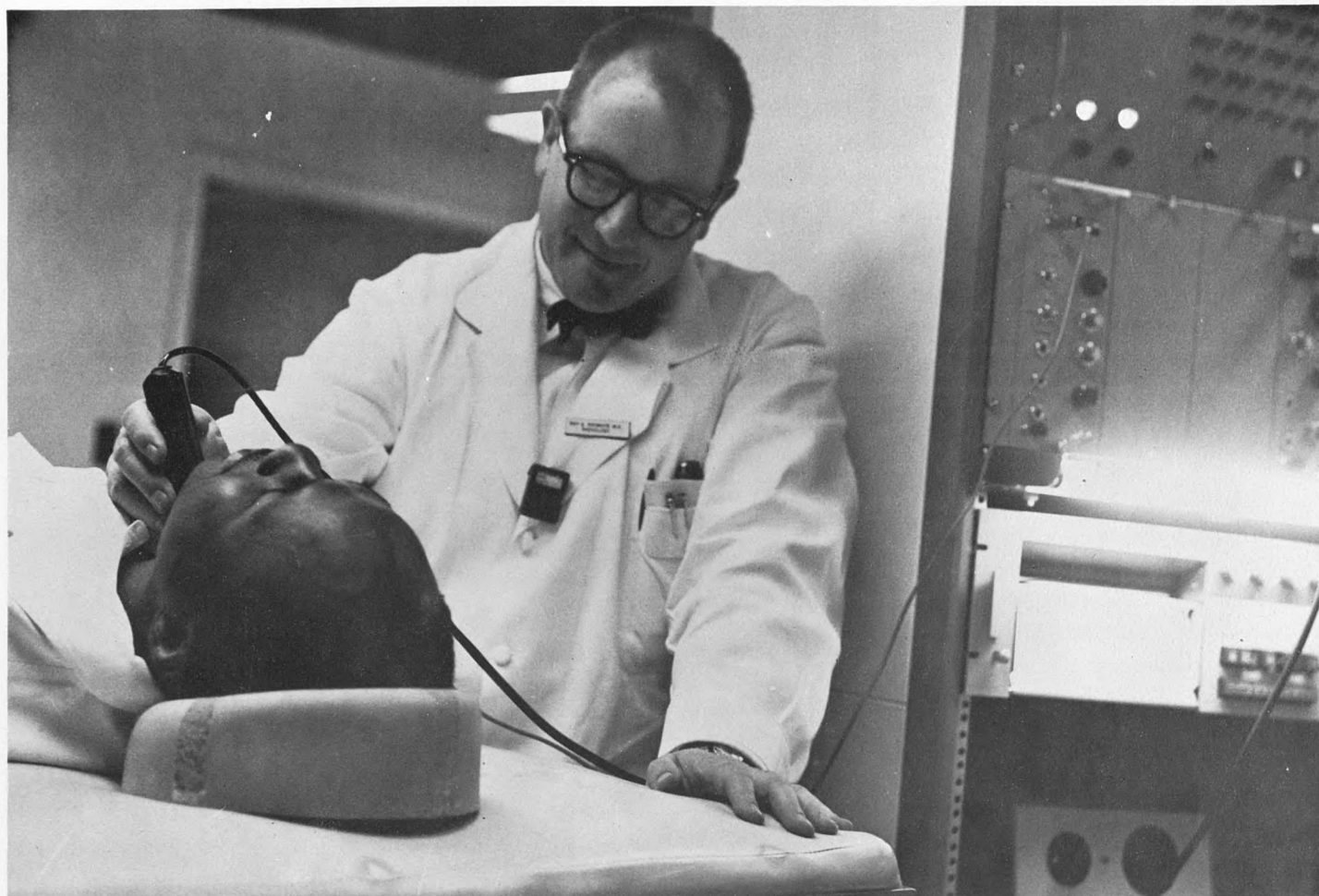


A SUPERVISORY SEMINAR ON MANAGEMENT DEVELOPMENT was held May 10 and 11 for medical center personnel. Wally Schoenbeck, manager of education at Union Electric, directed the two-day program from 9 a.m. to 5 p.m. in the Queeny Tower banquet room. Nineteen supervisory employees from twelve departments participated in the informal discussions and lectures. Subjects covered included motivation, leadership, teaching methods, production techniques, communication, discipline and employee evaluation.



# Doppler Expands Ultrasound Uses

## Lady Doctors (cont.)



WITH HIS RESEARCH ASSISTANT Mr. Johnny Batts, Dr. Brinker demonstrates how to use the Doppler ultrasound system. By placing the tube-like transducer on the patient's affected area, high frequency sound waves can detect irregularities from readings of the red blood cells. The most obvious advantage of the unit is the elimination of needles and painful probing devices by the utilization of a cutaneous testing method.

### Stroke Prevention, Placental Location, Examples of Uses

The Doppler system is an ultrasound mechanism that is able to indicate an artery condition before the patient has had an attack, according to Dr. Ray A. Brinker, assistant radiologist who has done considerable research with ultrasound techniques.

A small machine (resembling an FM radio with a tube attached by a cord) comprises the Doppler unit which is then connected to a number of other sound amplifying devices. When the transducer, or tube attachment, is placed on the skin over an artery it produces sound waves which strike red blood cells inside the artery. When the sound waves hit the blood cells their frequency is shifted and rechanneled back into the machine. During this process an electronic filter on the transducer separates each component of the blood and records the results onto a magnetic tape along with electrocardiogram and phonocardiogram readings.

"Because the Doppler system is extremely sensitive to motion in the body," Dr. Brinker explained, "it can record an estimate of the velocity of red blood cells as well as an estimate of quantity and type of blood flow."

#### Stroke Prevention

Dr. Brinker's research work with the Doppler system concerns carotid artery bifurcation stenosis through which patients headed for a stroke can be discovered prior to an attack. By placing the transducer near the carotid artery in

the neck the presence of a cholesterol mass in the artery (similar in appearance to half-melted sherbet) can be found. If not corrected, the mass can throw embolisms into the brain resulting in strokes. However, if the condition can be detected early, surgery can be performed preventing the possibility of a stroke.

The purposes of the machine which is being developed at perhaps five research centers in the nation are to extend the uses of the Doppler and to simplify the now complex unit to make it easily transportable to a patient's bedside.

#### Mobile Units

Suggestions have been made to use the Doppler methods in mobile units as the tuberculosis units are now utilized. A testing procedure would be established to examine all adults over 45, or those with family histories of stroke.

At a Doppler ultrasound symposium held at Washington University on May 23 and 24, physicians from around the country discussed uses for the system in all facets of hospital operation. For example, the unit can be used to detect pregnancy at 12-weeks by listening for the fetal heartbeat.

The Doppler unit is helpful in cases of threatened abortion. If the transducer is placed on the cervix, a fetal heartbeat can be heard if the baby is alive. If there is a heartbeat the fetus can be considered viable and steps taken to save it. Otherwise, the death can be clearly determined and a dilation and curettage can be ordered. The Doppler can also be used to determine fetal death at termination of pregnancy as the heart-

beat is quite strong at that point if the fetus is alive.

#### Locating Device

The Doppler unit is useful in determining placental location, arterial leg diseases (locates site of obstruction, amount of blood flow, etc.), location of femoral artery for catheterizing and indicates significance and location of varicosities in leg veins.

Dr. Brinker has been working in ultrasound for a total of seven years; one year with the Doppler system, three years at Mallinckrodt with other systems, and three years at Columbia Presbyterian Medical Center in New York City.

Specialization has made it possible for a woman to have a medical career without giving up all thoughts of a home and family. In addition, the draft situation makes women more attractive to medical schools as they can finish a course of study with no fear of military interruption.

Factors discouraging women (and many men) from entering medicine include the stiff competition for acceptance in overcrowded medical schools, the length of time necessary to achieve the goal, and the financial burden. Dr. Bergner made the point that families don't train their daughters for a career of hard work. "Parents tend to protect and indulge women, make their decisions for them, and thus the women aren't prepared to cope with a demanding quick-thinking profession of any kind," she observed. Dr. Cibis fruitlessly tried to discourage her daughter from entering medicine as "it takes away from a very exciting time in the life of a young woman."

Prejudice against a woman doctor appears to be no stronger than prejudice against a young doctor, or against an old one. As Dr. Ternberg said: "Acceptance is based upon personality and ability rather than sex. However, women have a very strong responsibility to carry through commitments they make. What is important is that you should do what you really want if at all possible."

Although the future looks brighter for women with medical aspirations, the current situation is still one of adjustment and tolerance. "When telephoning another doctor," Dr. Howsden commented, "I always identify myself to whom ever answers; however, they still assume I'm the doctor's secretary. And on the hospital floor I'm frequently mistaken for a nurse."

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